

Permit # _____

**RESIDENTIAL PERMIT APPLICATION
SINGLE FAMILY AND MULTIFAMILY HVAC CHANGE OUT**

I. Fee per unit: \$50.00

Number HVAC of units: (X) _____

Method of payment: Cash ☐

Check ☐

Fee due: \$ _____

Credit card ☐

Submit Credit Card Approval Form

Description of work/ Size of unit (s):

II. General Information (*Please provide accurate information.*)

Location of Installation: Street # _____ Street Name _____

Lot# _____ Unit# _____ Bldg # _____

Name of MF complex if applicable _____

Contractor Name: _____

Contractor Address: _____

Phone #: _____ **Trade Certificate #** _____

Owner Name: _____

Owner Address: _____

Phone#: _____

APPLICANT SIGNATURE: _____

III. Affidavit of compliance

In accordance with CABO 1 & 2 Family Dwelling Code or the Standard Mechanical Code, I shall assume full responsibility for compliance with all provisions of the technical codes and other pertinent laws or ordinances regarding the installation of mechanical equipment at the above referenced property.

Contractor name: _____ Signature: _____
Print

Notary: _____ Signature: _____
Print

State of Certification: _____ **Commission Expiration Date:** _____

Date: _____

CREDIT CARD AUTHORIZATION FOR PERMIT FEE

843-341-4757

843-341-2087 FAX

Office use only- Updated 9/00

Date: _____

Permit # _____

Fee _____

Credit card authorization # _____

Reference # _____

Required Information

1. **Commercial:** ☐
- Residential:** **Multifamily** ☐ **Single Family** ☐
2. Permit type
- HVAC** ☐ **Roofing** ☐
- Other** ☐ _____
3. Owner's name _____
4. Contractor's name _____
5. Job site _____

I authorize the Town of Hilton Head Island to charge the following permit fee to my credit card.

\$ _____

Mastercard

☐

Visa

☐**Card number:** _____ / _____ / __________
Name on card (Print)_____
Expiration date_____
Authorized signature_____
Date